AO 442 (Rev. 6/97) Warrant for Arrest

United States District Court
Northern District of Illinois
Eastern Division

United States of America — WARRANT FOR ARREST

v.

Conrado Calma, Jr. — Case Number: 16 CR 638-4

To: The United States Marshal
And any Authorized United States Officer

YOU ARE HEREBY COMMANDED to arrest **Conrado Calma, Jr.** and bring him or her forthwith to the nearest magistrate judge to answer a(n)

X Indictment Information Complaint Order of court Violation Notice Probation Violation Petition

charging him or her with: **Conspiracy to Pay and Receive Health Care Kickbacks**
Solicitation and Receipt of Health Care Kickbacks

in violation of Title 18 United States Code, Section(s) 371
Title 42 United States Code, Section(s) 1320a-7b(b)(2)(A)

Yvette Montanez Issuing Officer — Deputy Clerk

October 18, 2016 Chicago, IL

RETURN		
This warrant was received and executed with the arrest of the above-named defendant at		
Date Received	Name and Title of Arresting Officer	Signature of Arrest Officer
Date of Arrest		

THOMAS G. BRUTON, CLERK

Yvette Montanez

(By) DEPUTY CLERK

October 18, 2016

DATE

FILED

SEP 29 2016

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

UNITED STATES OF AMERICA

vs.

GREGORIO CORDERO,
MYRNA CORDERO,
PARIS RAMIREZ, and
CONRADO CALMA, JR.

Case No. 16CR 638

Violations: Title 18, United States Code, Sections 371, 1347, 1349; Title 42, United States Code, Sections 1320a-7b(b)

UNDER SEAL

JUDGE BLAKEY

MAGISTRATE JUDGE MASON

COUNT ONE

The SPECIAL AUGUST 2015 GRAND JURY charges:

1. At times material to this Indictment:

The Medicare Program

a. The Medicare program was a federal health care program providing benefits to persons who were 65 years of age or older, or disabled. Medicare was administered by the Centers for Medicare and Medicaid Services, a federal agency under the United States Department of Health and Human Services. Individuals who received benefits under Medicare were often referred to as Medicare "beneficiaries."

b. Medicare was a "health care benefit program," as defined in Title 18, United States Code, Section 24(b), and a "Federal health care program," as defined in Title 42, United States Code, Section 1320a-7b.

c. The Medicare program included coverage under two primary components, hospital insurance ("Part A") and medical insurance ("Part B"). Part A of the Medicare program covered the cost of home health care services such as skilled nursing services.

d. By becoming a participating provider in Medicare, enrolled providers agreed to abide by the policies and procedures, rules, and regulations governing reimbursement. To receive Medicare funds, enrolled providers, together with their authorized agents, employees, and contractors, were required to abide by all the provisions of the Social Security Act, the regulations promulgated under the Act, and applicable policies and procedures, rules, and regulations issued by CMS and its authorized agents and contractors. Health care providers were given and provided with online access to Medicare manuals and service bulletins describing proper billing procedures and billing rules and regulations.

e. Medicare Part A regulations required health care providers enrolled with Medicare to maintain complete and accurate medical records reflecting the medical assessment and diagnoses of their patients, as well as records documenting the actual treatment of the patients to whom services were provided and on whose behalf claims for payment were submitted. These records were required to be sufficient to permit Medicare, through its contractors, to review the appropriateness of payments made to the health care provider under the Part A program.

f. To receive reimbursement for a covered service from Medicare, a provider was required to submit a claim, either electronically or using a paper form, containing the required information appropriately identifying the provider, patient, and services rendered.

g. A home health agency was an entity that provided health care services to Medicare beneficiaries in their homes. Home health care services included but were not limited to skilled nursing services. Medicare covered home health care services when beneficiaries needed skilled care and were homebound.

h. Home health care services were billed to Medicare in 60-day periods known as episodes of care. Medicare reimbursed home health care companies at a higher level for the episode when more services were provided.

i. For a beneficiary to be eligible to receive home health care services covered by Medicare, a physician was required to certify that the patient needed skilled care and was homebound. In addition, the home health agency was required to provide the beneficiary with a comprehensive assessment of the beneficiary's health status, as conducted by a registered nurse. The registered nurse was required to independently assess the beneficiary's homebound status.

j. The comprehensive assessment required by Medicare was also referred to as the Outcome and Assessment Information Set, or OASIS. The health information collected during the comprehensive assessment was required to be reported to Medicare, and Medicare used the information to calculate the amount the home health agency would be paid for the episode of care. Medicare paid the home health agency more for an episode of care when the comprehensive assessment indicated the beneficiary's clinical condition was more severe.

The Defendants, Related Companies and Individuals

k. Mid-Care Home Health Services, Inc., was a home health care company, located in Chicago, Illinois, that enrolled in Medicare and purported to provide home health care services to patients in their homes.

l. Berzen Home Care Services, Inc., was a corporation organized under the laws of the State of Illinois and located in Bensenville, Illinois.

m. Assertive Consultants, LLC, was a corporation organized under the laws of the State of Illinois and located in Bensenville, Illinois.

n. Calma Caring Services, Inc., was a corporation organized under the laws of the State of Illinois and located in Chicago, Illinois.

o. Defendant GREGORIO CORDERO, a resident of Cook County, Illinois, was the president, registered agent, and administrator of Mid-Care.

p. Defendant MYRNA CORDERO, a resident of Cook County, Illinois, was a registered nurse and the vice president and director of nursing for Mid-Care.

q. Defendant PARIS RAMIREZ was a resident of Cook County, Illinois.

r. Defendant CONRADO CALMA, JR., a resident of Cook County, Illinois, owned and controlled Calma Caring Services.

s. Roberto Jonson, a resident of DuPage County, Illinois, was the president of Berzen and manager of Assertive Consultants.

2. From in or around October 2011 and continuing through in or around July 2015, in the Northern District of Illinois, and elsewhere,

GREGORIO CORDERO,
MYRNA CORDERO, and
PARIS RAMIREZ,

defendants herein, did conspire with each other and Roberto Jonson as well as others, known and unknown to the Grand Jury:

a. to knowingly and willfully execute a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program, in connection with the delivery of and payment for health care benefits, items, and services, in violation of Title 18, United States Code, Section 1347; and

b. to knowingly and with the intent to defraud, devise and intend to devise a scheme and artifice to defraud, and for obtaining money and property by means of materially false and fraudulent pretenses, representations, and promises, knowing that the pretenses, representations and promises were false and fraudulent when made, and did knowingly transmit and cause to be transmitted, by means of wire communication in interstate commerce, writings, signs, signals, pictures, and sounds for the purpose of executing such scheme and artifice, in violation of Title 18, United States Code, Section 1343.

Purpose of the Conspiracy

3. It was the purpose of the conspiracy for GREGORIO CORDERO, MYRNA CORDERO, PARIS RAMIREZ, Roberto Jonson, and others to unlawfully enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to Medicare for home health care services that were medically unnecessary, never provided, and procured through the payment of kickbacks and bribes; (b) concealing and causing to be concealed the submission of false and fraudulent claims to Medicare; and (c) diverting the proceeds of the fraud scheme for personal use and benefit.

Manner and Means

4. It was part of the conspiracy that, on or about March 19, 2012, GREGORIO CORDERO and MYRNA CORDERO certified to Medicare on behalf of Mid-Care, "I agree to abide by the Medicare laws, regulations and program instructions that apply to this provider. The Medicare laws, regulations, and program instructions are available through the Medicare contractor. I understand that payment of a claim by Medicare is conditioned upon the claim and

the underlying transaction complying with such laws, regulations, and program instructions (including, but not limited to, the Federal anti-kickback statute and the Stark law), and on the provider's compliance with all applicable conditions of participation in Medicare."

5. It was further part of the conspiracy that GREGORIO CORDERO and MYRNA CORDERO negotiated and paid kickbacks and bribes to Roberto Jonson and others in exchange for the referral of Medicare beneficiaries to Mid-Care, including but not limited to kickbacks and bribes to Roberto Jonson disguised as payments to Berzen and Assertive Consultants.

6. It was further part of the conspiracy that Roberto Jonson and others paid kickbacks to beneficiaries they recruited to Mid-Care in order to induce them to agree to accept home health care services and to sign medical records as though they had received the services when, in fact, they had not.

7. It was further part of the conspiracy that GREGORIO CORDERO, MYRNA CORDERO, PARIS RAMIREZ, and other co-conspirators falsified, fabricated, and altered, and caused the falsification, fabrication, and alteration of, Mid-Care medical records, including but not limited to OASIS forms, nursing visit notes, and Form 485s, to support claims for home health care services that were medically unnecessary, never provided, and procured through the payment of kickbacks and bribes.

8. It was further part of the conspiracy that PARIS RAMIREZ forged signatures on medical records, including but not limited to Form 485s and nursing visit notes, to make it appear that beneficiaries qualified for home health care services when, in fact, they did not qualify, and to make it appear that beneficiaries had received home health services when, in fact, they had not received the services.

9. It was further part of the conspiracy that GREGORIO CORDERO, MYRNA CORDERO, PARIS RAMIREZ, and others, through the use of interstate wires, submitted and caused the submission of false and fraudulent claims to Medicare by billing for home health care services that were medically unnecessary, never provided, and procured through the payment of kickbacks and bribes.

10. It was further part of the conspiracy that GREGORIO CORDERO, MYRNA CORDERO, PARIS RAMIREZ, and others caused Medicare to pay approximately $2.8 million in false and fraudulent claims to Mid-Care for home health care services that were medically unnecessary, never provided, and procured through the payment of kickbacks and bribes.

11. It was further part of the conspiracy that defendants GREGORIO CORDERO, MYRNA CORDERO, PARIS RAMIREZ and others misrepresented, concealed and hid, and caused to be misrepresented, concealed and hidden, the purpose of the conspiracy and acts done in furtherance of the conspiracy.

All in violation of Title 18, United States Code, Section 1349.

COUNTS TWO AND THREE

The SPECIAL AUGUST 2015 GRAND JURY further charges:

1. The allegations of Paragraph 1(a) to 1(m), 1(o), 1(p), and 1(s) of Count One of this Indictment are incorporated here.

2. From in or around October 2011 and continuing through in or around July 2015, in the Northern District of Illinois, and elsewhere,

GREGORIO CORDERO and
MYRNA CORDERO,

defendants herein, did knowingly and willfully participate in a scheme to defraud health care benefit programs, including Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations and promises, money or property owned by and under the custody and control of the health care benefit programs, in connection with the delivery of and payment for health care benefits, items, and services, which scheme is further described below.

Purpose of the Scheme and Artifice

3. It was the purpose of the scheme and artifice for the defendants and their accomplices to unlawfully enrich themselves by, among other things: (a) creating false medical documentation for home health care services that were medically unnecessary, never provided, and for beneficiaries procured through the payment of kickbacks and bribes; (b) submitting and causing the submission of false and fraudulent claims to Medicare; and (c) concealing and causing to be concealed the submission of false and fraudulent claims to Medicare.

The Scheme and Artifice

12. It was part of the scheme that, on or about March 19, 2012, GREGORIO CORDERO and MYRNA CORDERO certified to Medicare on behalf of Mid-Care, "I agree to abide by the Medicare laws, regulations and program instructions that apply to this provider.

The Medicare laws, regulations, and program instructions are available through the Medicare contractor. I understand that payment of a claim by Medicare is conditioned upon the claim and the underlying transaction complying with such laws, regulations, and program instructions (including, but not limited to, the Federal anti-kickback statute and the Stark law), and on the provider's compliance with all applicable conditions of participation in Medicare."

13. It was further part of the scheme that GREGORIO CORDERO and MYRNA CORDERO negotiated and paid kickbacks and bribes to Roberto Jonson and others in exchange for the referral of Medicare beneficiaries to Mid-Care, including but not limited to kickbacks and bribes to Roberto Jonson disguised as payments to Berzen and Assertive Consultants.

14. It was further part of the scheme that Roberto Jonson and others paid kickbacks to beneficiaries they recruited to Mid-Care in order to induce them to agree to accept home health care services and to sign medical records as though they had received the services when, in fact, they had not.

15. It was further part of the scheme that GREGORIO CORDERO, MYRNA CORDERO and other co-conspirators falsified, fabricated, and altered, and caused the falsification, fabrication, and alteration of, Mid-Care medical records, including but not limited to OASIS forms, nursing visit notes, and Form 485s, to support claims for home health care services that were medically unnecessary, never provided, and procured through the payment of kickbacks and bribes.

16. It was further part of the scheme that GREGORIO CORDERO, MYRNA CORDERO, and others, submitted and caused the submission of false and fraudulent claims to Medicare by billing for home health care services that were medically unnecessary, never provided, and procured through the payment of kickbacks and bribes.

17. It was further part of the scheme that GREGORIO CORDERO, MYRNA CORDERO, and others caused Medicare to pay false and fraudulent claims to Mid-Care for home health care services that were medically unnecessary, never provided, and procured through the payment of kickbacks and bribes.

4. It was further part of the scheme that defendants GREGORIO CORDERO, MYRNA CORDERO, and others misrepresented, concealed and hid, and caused to be misrepresented, concealed and hidden, the acts done and the purpose of the acts done as part of the scheme.

Acts in Execution of the Scheme and Artifice

5. On or about the dates set forth as to each count below, in the Northern District of Illinois, and elsewhere,

GREGORIO CORDERO and
MYRNA CORDERO,

defendants herein, did knowingly and willfully execute, and attempt to execute, the above described scheme, as follows:

Count	Medicare Beneficiary Name	Purported Dates of Service	Submission Date	Items Billed	Approximate Amount Billed to Medicare
2	F.F.	9/22/2012 – 11/2/2012	11/14/2012	Home Health Episode of Care	$1,575
3	G.N.	6/12/2013 – 8/10/2013	8/13/2013	Home Health Episode of Care	$2,025

All in violation of Title 18, United States Code, Section 1347.

COUNT FOUR

The SPECIAL AUGUST 2015 GRAND JURY further charges:

1. The allegations of Paragraph 1(a) to 1(p), 1(r), and 1(s) of Count One of this Indictment are incorporated here.

2. From in or around October 2011 and continuing through in or around July 2015, in the Northern District of Illinois, and elsewhere,

GREGORIO CORDERO,
MYRNA CORDERO, and
CONRADO CALMA, JR.

defendants herein, together with others known and unknown to the Grand Jury, did conspire:

a. to knowingly and willfully offer and pay remunerations, including kickbacks and bribes, directly and indirectly, overtly and covertly, from Mid-Care to Roberto Jonson, defendant CONRADO CALMA, JR., and others, to induce them to refer patients to Mid-Care for the furnishing and arranging for the furnishing of services for which payment may be made in whole or in part under Medicare, in violation of Title 42, United States Code, Section 1320a-7b(b)(2)(A); and

b. to knowingly and willfully solicit and receive remunerations, including kickbacks and bribes, directly and indirectly, overtly and covertly, from Mid-Care to Roberto Jonson, defendant CONRADO CALMA, JR., and others, in return for them to refer patients to Mid-Care for the furnishing and arranging for the furnishing of services for which payment may be made in whole or in part under Medicare, in violation of Title 42, United States Code, Section 1320a-7b(b)(1)(A).

Purpose of the Conspiracy

3. It was a purpose of the conspiracy for GREGORIO CORDERO, MYRNA CORDERO, CONRADO CALMA, JR., Roberto Jonson, and their co-conspirators to unlawfully enrich themselves and others by, among other things, offering, paying, soliciting, and receiving bribe and kickback payments in exchange for referring Medicare beneficiaries to Mid-Care.

Manner and Means

4. It was part of the conspiracy that, on or about March 19, 2012, GREGORIO CORDERO and MYRNA CORDERO certified to Medicare on behalf of Mid-Care, "I agree to abide by the Medicare laws, regulations and program instructions that apply to this provider. The Medicare laws, regulations, and program instructions are available through the Medicare contractor. I understand that payment of a claim by Medicare is conditioned upon the claim and the underlying transaction complying with such laws, regulations, and program instructions (including, but not limited to, the Federal anti-kickback statute and the Stark law), and on the provider's compliance with all applicable conditions of participation in Medicare."

5. It was further part of the conspiracy that Roberto Jonson, CONRADO CALMA, JR., and others solicited and received kickbacks and bribes from GREGORIO CORDERO, MYRNA CORDERO, and others, including but not limited to kickbacks and bribes to Roberto Jonson disguised as payments to Berzen and Assertive Consultants, in exchange for referring Medicare beneficiaries to Mid-Care for home health care services purportedly provided to these recruited beneficiaries.

6. It was further part of the conspiracy that Roberto Jonson, CONRADO CALMA, JR., and others created and caused to be created shell corporate entities and bank accounts that were used for the purpose of disguising and concealing unlawful kickbacks and bribes.

7. It was further part of the conspiracy that Roberto Jonson and others paid kickbacks to beneficiaries they recruited to Mid-Care in order to induce them to agree to accept home health care services and to sign medical records as though they had received the services when, in fact, they had not.

8. It was further part of the conspiracy that GREGORIO CORDERO, MYRNA CORDERO, and their co-conspirators submitted and caused to be submitted claims for home health care services purportedly provided to these recruited beneficiaries.

9. It was further part of the conspiracy that defendants GREGORIO CORDERO, MYRNA CORDERO, and others misrepresented, concealed and hid, and caused to be misrepresented, concealed and hidden, the purpose of the conspiracy and acts done in furtherance of the conspiracy.

Overt Acts

10. In furtherance of and to effect the objects of the conspiracy, the defendants committed and caused to be committed, in the Northern District of Illinois, at least one of the following overt acts, among others:

11. On or about July 27, 2012, GREGORIO CORDERO signed check number 2860 from Mid-Care account ending in x8665, in the approximate amount of $3,000, to Berzen Home Care Services, Inc.

12. On or about January 8, 2014, GREGORIO CORDERO signed check number 001133 from Mid-Care account ending in x8665, in the approximate amount of $1,600, to Assertive Consultants.

13. On or about August 2, 2014, GREGORIO CORDERO signed check number 20128 from Mid-Care account ending in x8665, in the approximate amount of $500, to CONRADO CALMA, JR.

14. On or about November 18, 2014, GREGORIO CORDERO signed check number 20222 from Mid-Care account ending in x8665, in the approximate amount of $800, to Roberto Jonson.

15. On or about December 20, 2014, MYRNA CORDERO signed check number 2583 from Mid-Care account ending in x8665, in the approximate amount of $300, to Roberto Jonson.

16. On or about March 6, 2015, MYRNA CORDERO signed check number 2707 from Mid-Care account ending in x8665, in the approximate amount of $400, to Roberto Jonson.

17. On or about March 14, 2015, MYRNA CORDERO signed check number 2719 from Mid-Care account ending in x8665, in the approximate amount of $1,000, to Calma Caring Services Inc.

All in violation of Title 18, United States Code, Section 371.

COUNTS FIVE THROUGH ELEVEN

The SPECIAL AUGUST 2015 GRAND JURY further charges:

1. The allegations of Paragraph 1(a) to 1(p), 1(r), and 1(s) of Count One of this Indictment are incorporated here.

2. On or about the dates set forth below, in the Northern District of Illinois, and elsewhere,

GREGORIO CORDERO and
MYRNA CORDERO,

defendants herein, did knowingly and willfully cause Mid-Care to offer and pay, directly and indirectly, overtly and covertly, remuneration, as set forth below, to a person to induce the referral of patients to Mid-Care for the furnishing and arranging for the furnishing of services for which payment may be made in whole or in part under a Federal health care program, namely, Medicare:

Count	Defendants	Approximate Date	Approximate Amount	Description
5	G. CORDERO	7/27/2012	$3,000	Check No. 2860 to Berzen Home Care Services, Inc.
6	G. CORDERO	1/8/2014	$1,600	Check No. 001133 to Assertive Consultants
7	G. CORDERO	8/2/2014	$500	Check No. 20128 to CONRADO CALMA, JR.
8	G. CORDERO	11/18/2014	$800	Check No. 20222 to Roberto Jonson
9	M. CORDERO	12/20/2014	$300	Check No. 2583 to Roberto Jonson
10	M. CORDERO	3/6/2015	$400	Check No. 2707 to Roberto Jonson
11	M. CORDERO	3/14/2015	$1,000	Check No. 2719 to Calma Caring Services Inc.

All in violation of Title 42, United States Code, Section 1320a-7b(b)(2)(A), and Title 18, United States Code, Section 2.

COUNT TWELVE AND THIRTEEN

The SPECIAL AUGUST 2015 GRAND JURY further charges:

1. The allegations of Paragraph 1(a) to 1(p), 1(r), and 1(s) of Count One of this Indictment are incorporated here.

2. On or about the dates set forth below, in the Northern District of Illinois, and elsewhere,

CONRADO CALMA, JR.,

defendant herein, knowingly and willfully solicited and received, directly and indirectly, overtly and covertly, remuneration, as set forth below, in return for referring patients to Mid-Care for the furnishing and arranging for the furnishing of services for which payment may be made in whole or in part under a Federal health care program, namely, Medicare:

Count	Approximate Date	Approximate Amount	Description
12	8/2/2014	$500	Check No. 20128 to CONRADO CALMA, JR.
13	3/14/2015	$1,000	Check No. 2719 to Calma Caring Services Inc.

All in violation of Title 42, United States Code, Section 1320a-7b(b)(1)(A).

FORFEITURE ALLEGATION

The SPECIAL AUGUST 2015 GRAND JURY further alleges:

1. The allegations in Counts One through Thirteen of this Indictment are realleged and incorporated here for the purpose of alleging forfeiture pursuant to Title 18, United States Code, Section 982(a)(7).

2. As a result of their violations of Title 18, United States Code, Sections 371, 1347 and 1349, and Title 42, United States Code, Sections 1320a-7b(b)(1)(A)-(2)(A), as alleged in the foregoing Indictment, the defendants,

GREGORIO CORDERO,
MYRNA CORDERO,
PARIS RAMIREZ, and
CONRADO CALMA, JR.,

shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(7), any and all right, title and interest they may have in any property, real and personal, that constitutes and is derived, directly and indirectly, from gross proceeds traceable to commission of the charged offenses.

3. If any of the forfeitable property described above, as a result of any act or omission by the defendants:

a. Cannot be located upon the exercise of due diligence;

b. Has been transferred or sold to, or deposited with, a third party;

c. Has been placed beyond the jurisdiction of the Court;

d. Has been substantially diminished in value; or

e. Has been commingled with other property which cannot be divided without difficulty;

the United States of America shall be entitled to forfeiture of substitute property under the provisions of Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b)(1).

All pursuant to Title 18, United States Code, Section 982(a)(7).

A TRUE BILL:

____

FOREPERSON

____

UNITED STATES ATTORNEY

____

UNITED STATES DEPARTMENT OF JUSTICE
CRIMINAL DIVISION, FRAUD SECTION
DEPUTY CHIEF